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AN OBSERVATIONAL ANALYTICAL STUDY OF HETU OF VICHARCHIKA WITH EVALUATION OF VIRUDDHAHARA

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ABSTRACT

Vicharchika, a type of Kshudra Kushta, shows clinical similarity to Eczema. The main Hetu of Kushtha are Viruddhahara sevan, vegvidharana and diwaswap etc. This observational study aimed to evaluate the role of Viruddhahara in etiopathogenesis of Vicharchika. A total of 100 patients were assessed based on ayurvedic clinical features and dietary history, focusing on the frequency and duration of Viruddhahara intake. Statistical analysis using the chi-square test was performed to determine its association with disease severity. The majority of patients reported moderate to frequent consumption of incompatible food over a prolonged period. Most patients exhibited moderate severity of symptoms. A positive correlation was observed between the frequency and duration of Viruddhahara intake and the severity of Vicharchika. The study concludes that Viruddhahara plays a significant role in the development and progression of Vicharchika. Dietary regulation and avoidance of incompatible food combinations are essential for its prevention and management.

KEYWORDS: Vicharchika, Viruddhahara, Kshudra Kushta, Eczema, Incompatible diet.

INTRODUCTION

The human body's greatest sensory organ is the skin. It acts as a barrier to keep infections and other dangerous substances out of the body. The skin needs to be properly cared for because

it is continuously exposed to the outside world. Acute eczema develops following exposure to an irritant or allergen. Its pathogenesis involves inflammatory mediators such as prostaglandins and helper T cells. Clinically it presents with redness, swelling, scaling, ozzing, crusting and itching. Severe form of eczema can significantly impact quality of life.[1] The perception of touch, or sparsha dnyan, is attributed to the skin, which is one of the five Dnyanendriyas (sensory organs) in Ayurveda. All skin disorders are included together under the general word Kushtha in traditional Ayurvedic texts. Among these, the Bruhatrayis identify Vicharchika as a kind of Kshudra Kushtha.[2] On the basis of clinical features Vicharchika can be correlate with Eczema.

Eczema is a commonly occurring skin disorder that is widely prevalent in both rural and urban populations. Epidemiological studies conducted across 56 countries have reported that the prevalence of atopic eczema ranges from 3% to 20.5%. In India, the prevalence of Eczema has been estimated to be approximately 6.75%.[3]

Preventing illness and keeping the body's systems in harmony are highly valued aspects of Ayurveda. Nidana Parivarjana, or avoiding the causes of disease development and progression, is one of its core tenets.[4] Therefore, it is thought that effective illness management and prevention depend on the discovery and removal of etiological factors.[5] Dietary patterns have changed dramatically in the modern era due to changes in lifestyle, which has resulted in a rise in the consumption of incompatible foods (Viruddhahara). Eczema, which exhibits clinical similarities to Vicharchika, is one chronic skin condition that may be exacerbated by such dietary habits. Therefore, it is crucial to comprehend the role of Viruddhahara in the aetiology of Vicharchika in order to create effective preventive and therapeutic techniques.[6]

The present study was conducted to evaluate the role of Viruddhahara as an etiological factor in patients suffering from Vicharchika.

AIM: To observe the Hetu of Vicharchika W.S.R. to Viruddha ahara.

PRIMARY OBJECTIVE: To study the association of Vicharchika and Viruddha ahara.

SECONDARY OBJECTIVE

1) To study hetu of Vicharchika in detail from ancient text and modern view.

2) To understand the concept of Viruddha ahara in the present era and classical text.

RESEARCH QUESTION: Does Viruddha ahara play a significant role in etiopathogenesis of Vicharchika?

HYPOTHESIS

NULL HYPOTHESIS (Ho): Viruddha ahara does not play a significant role in etiopathogenesis of Vicharchika.

ALTERNATE HYPOTHESIS (H1): Viruddha ahara play a significant role in etiopathogenesis of Vicharchika.

MATERIALS AND METHOD

STUDYDESIGN

Observational Analytical Study.

STUDY POPULATION

A total of 100 patients diagnosed with Vicharchika were selected from both the OPD and IPD of the institute.

INCLUSION CRITERIA

Patients were included in the study if they met the following criteria

1) A diagnosed patient of Vicharchika was selected.
2) Patients between 18-60 yrs. of age was selected.
3) Patients was selected irrespective of their Gender, Religion, Occupation and Socio-economic status.

EXCLUSION CRITERIA

1) Patient having skin lesion other than Vicharchika like Urticaria, Psoriasis, and Leprosy.
2) Pregnant and lactating mothers was excluded.
3) Patients having severe illnesses such as Diabetes mellitus, Hypothyroidism, Carcinoma was excluded.

DIAGNOSTIC CRITERIA

Diagnosis was established based on classical Ayurvedic signs and symptoms of Vicharchika such as (Kandu) itching, (Pidaka) eruptions, (Shyav varna) discoloration, (Twak rukshta) dryness and (Bahu strava) discharge.

LABORATORY INVESTIGATION

Routine laboratory investigations, including CBC, ESR, RBS and Urine examination were performed to exclude other systemic disorders.

DATA COLLECTION METHOD

Information regarding demographic details, lifestyle practices, and dietary habits was collected using a structured case record form. Viruddhaahara assessment table with inclusion of frequency and duration of Viruddhahara consumption.

STATISTICAL ANALYSIS

The collected data were analysed using SPSS statistical software. The relationship between the frequency and duration of Viruddhahara intake and the severity of the disease was evaluated using the Chi-square test.

RESULT

DISTRIBUTION OF DEMOGRAPHICS

55% of the 100 participants were men and 45% were women, suggesting that the prevalence of Vicharchika is comparable for both sexes. People between the ages of 31 and 50 had the highest prevalence, indicating that middle-aged people are more susceptible.

DIETARY PATTERN AND VIRUDDHAHARA CONSUMPTION

The analysis of dietary habits among the study participants revealed a high prevalence of Viruddhahara (incompatible food combinations). A majority of the patients reported the frequent intake of heavy, oily, and improperly combined food items in their daily diet. These included foods that were difficult to digest, excessively greasy preparations, and combinations that are considered incompatible according to Ayurvedic dietary principles.

Many participants also reported irregular eating patterns, such as consuming large meals at inappropriate times, mixing foods with opposite qualities, and combining dairy products with sour or salty items. The habitual consumption of such incompatible dietary combinations may disturb the normal balance of Doshas, particularly Kapha and Pitta, and impair digestive fire (*Agni*). This disturbance can lead to the accumulation of metabolic toxins (*Ama*), which plays a significant role in the pathogenesis of various skin disorders.

These findings suggest that frequent intake of heavy, oily, and incompatible foods may act as an important contributing factor in the development and persistence of Vicharchika.

Therefore, careful regulation of dietary habits and avoidance of Viruddhahara may be essential for the prevention and effective management of this condition.

FREQUENCY OF VIRUDDHAHARA CONSUMPTION

The study revealed that:

- 75% of patients consumed Viruddhahara with moderate frequency
- 14% consumed it with mild frequency
- 11% consumed it occasionally

TIME SPENT CONSUMING VIRUDDHAHARA

The majority of patients stated that they had been eating incompatible foods for a long time, suggesting that long-term eating patterns are a factor in the development of the condition.

Table No. 1: Viruddhahara Complete Assessment Table.

18 Types of Viruddh Ahara[7,8]	**Viruddh ahara in Present Era**	**Present /Absent**	**Frequency (Grade)** No consumption -0 1to 2 times in a week-1 3 to 4 times in a week -2 more than 4 times in a week -3	**Duration (Grade)** No consumption-0 1to3 months- 1 4 to 6 months - 2 More than 6 months-3
1) Desha (Place)	To have Ruksha &Tikshna substances in dry region			
2) Kala (Time)	Ice-cream in winter season Hot spicy food in summer ex.Misalpav			
3)Agni (Digestive fire of stomach)	Mandagni – Heavy food taken, Tikshnagni – less food taken			
4)Matra (Quantity)	Equal Quantity of Honey + cow's ghee			
5)Satmya (Wholesome)	Madyapan,Tobacco Consumption			
6) Dosha	Pitta pradhan prakruti people consuming pittakara ahara ex – spicy, oily, amla ras pradhan food			
7) Samskar (Mode of preparation)	Heated Honey, Reheated Food items i.e. French Fries.			
8) Veerya (Potency)	Fish + milk Meat + milk.			

9) Koshtha (Motility of Intestine)	Ex-Krura Koshtha person if consumes dry food items i.e.			
10) Avastha (State of Health)	Ex-after exertion, exercise if person consume Vataprakopaka Ahara Intake of Kapha aggravating food after sleep.			
11) Parihar (Avoidable)	Cold drink after samosa, cold water immediately after taking hot tea or coffee.			
12) Krama (Sequence)	Sweet dish after meal Curd at night.			
13) Paaka (Cooking)	Uncooked, partially cooked or overcooked food items.			
14) Upchara (Treatment)	Shita Jalapana after intake of snigdhaahara / after taking ghee.			
15) Samyog (Combination)	Fruit salad + milk, milkshakes, milk + banana, milk with food, sour substance with milk.			
16) Hrut (Pleasant)	Food item not pleasant to consumer			
17) Sampat (Richness of quality)	Paryushit Aahar.			
18) Vidhi (Rules of eating)	Not consuming food which is hot & fresh.e.g.- food from Tiffinbox.			

Table No. 2: Symptoms Of Vicharchika As Per Classics.

Symptoms (Lakshana)[9,10]	Gradation	Gradation Score
1) Kandu (Itching)	Absent	0`
	Occasional Itching	1
	Continuous Itching without disturbance	2
	Continuous Itching with disturbance in routine even in sleep	3
2) Pidaka (Eruption)	No Eruption	0
	Scanty Eruption in few lesion.	1
	Scanty Eruption at least in half of lesion.	2
	All the lesions are full erupted.	3
3) Shyav Varna (Blackish Discoloration)	Absent	0
	Mild discoloration can be seen on sunlight.	1
	Moderate discoloration can be seen without sunlight.	2
	Easily noticeable discoloration.	3

4) Bahu Strava (Discharge)	Absent	0
	Moisture on the skin lesion	1
	From the skin after itching	2
	Profuse weeping making cloths wet.	3
5) Ruja (Pain)	No Pain	0
	Interfering little with routine life	1
	Interfers significantly with routine life	2
	Unable to perform routine work	3
6) Twak Rukshata (Dryness)	No Dryness	0
	Dryness with rough skin	1
	Dryness with scaling	2
	Dryness with cracking	3
7) Daha (Burning Sensation)	Absent	0
	Rarely Present	1
	Continuous	2
	Disturbing sleep	3
8) Shoth (Swelling)	No Clinical edema	0
	Slight pitting (2mm Depth) with no visible distortion that rebounds immediately	1
	Somewhat deeper pit (4mm) with no readily detectable distortion that rebounds in fewer than 15 seconds	2
	Deeper pit (8mm) with readily detectable distortion that rebounds in more than 20 seconds	3
Obtained Score		
Total Score of Symptoms of Vicharchika = 24 Interpretation of Score is as follows : Mild = Score 1 to 8 Moderate = Score 9 to 16 Severe = Score > 16		

Table No. 3: hetu of vicharchika as per charak samhita.

Hetu[11,12]	**Present / Absent**
1.Sheeta - Ushna Vytyas Sevan (Sudden changes from cold to heat or heat to cold)	
2.Atibhuktwa Vyayamam (To do physical exercise after heavy meals)	
3. Atisantap Sevanam (Exposure to Sun after heavy meals)	
4. Bhaya, Shram Artanam Sheeta-Ambu Sevan (Entering into cold water immediately after one is affected with fear, exhaustion and sunlight)	
5. Agat chhardi Pratighnatam (Suppression of the urge of emesis)	
6. Anya Vegan Pratighnatam (Withholding of the natural urges i.e. mutra and purisha vega etc)	
7.Santarpan Apatarpan Vyatyas (Sudden changes from snighdha, guru, ahara to ruksha, laghu ahara)	
8. Drava Snigdh Guru bhojan (Intake of excess liquid, smooth, heavy food)	
9. Ajirna-Adhyashan (Intake of food before the previous meal is digested)	
10.PanchkarmaApchar(Improper administration of Panchakarma therapies)	

11. Navanna, Dadhi, Matsya, Atilavan, Amla Nishevinam (Excessive intake of foods of freshly harvested grains, curd, fish, salt and sour substances)	
12. Masha, Mulak Pishtanntilaksheer Guda Ati Ashan (Excessive intake of masha (black gram), mulaka (radish), pastry, Tila (sesame seeds) and jaggery.	
13. Vyavayam Ajirne (Performance of sexual act while suffering with indigestion)	
14. Diva Nidra (Sleep during day time)	
15. Viparna Gurun Papam Karma (Insult of Brahmanas and Preceptors and other sinful acts)	

OBSERVATION

The following observations were seen from the collected data of cases.

Table No. 4: Distributions of Cases According To Total Frequency of Viruddhahara Sevan.

Sr. No.	Frequency of Viruddhahara	No. of Patients			
		0	1	2	3
1	Desha	22	1	66	11
2	Kala	34	3	50	13
3	Agni	10	1	57	32
4	Matra	91	1	6	2
5	Satmya	65	1	21	13
6	Dosha	5	1	59	35
7	Samskar	25	5	58	12
8	Veerya	53	3	34	10
9	Koshta	15	3	64	18
10	Avastha	13	1	61	25
11	Parihar	85	1	13	1
12	Karma	37	3	45	15
13	Paaka	58	3	35	4
14	Upachara	70	4	20	6
15	Samyog	6	3	77	14
16	Hrut	16	7	62	15
17	Sampat	49	3	36	12
18	Vidhi	24	4	5	67

Table No. 5: Distribution Of Cases According To Total Duration Of Viruddhahara Sevana.

Sr. No.	Duration of Viruddhahara	No. of Patients			
		0	1	2	3
1	Desha	22	5	31	42
2	Kala	34	10	32	24
3	Agni	10	11	47	32
4	Matra	91	6	3	0
5	Satmya	65	2	17	16
6	Dosha	5	4	62	29

7	Samskar	25	19	38	18
8	Veerya	53	6	25	16
9	Koshta	15	10	50	25
10	Avastha	13	15	49	23
11	Parihar	85	4	19	1
12	Karma	37	6	31	26
13	Paaka	58	8	25	9
14	Upachara	70	8	13	9
15	Samyog	6	13	55	26
16	Hrut	16	26	47	11
17	Sampat	49	16	21	14
18	Vidhi	24	7	24	45

Table No. 6: Distribution Of Cases According To Types Of Viruddhahara Sevana (N= 100).

Sr. No.	Viruddhahara	No.of Patients
1	Desha	78
2	Kala	66
3	Agni	90
4	Matra	9
5	Satmya	35
6	Dosha	95
7	Samskar	75
8	Veerya	47
9	Koshta	85
10	Avastha	87
11	Parihar	15
12	Karma	63
13	Paaka	42
14	Upachara	30
15	Samyog	94
16	Hrut	84
17	Sampat	51
18	Vidhi	76

Table No. 7: Total Score Of Symptoms Of Vicharchika Gradation Wise Distribution.

Total Score of Symptoms of Vicharchika Gradation		No. of Patients
Mild	Score 1 to 8	08
Moderate	Score 9 to 16	61
Severe	Score > 16	32

Table No. 8: Hetu Of Vicharchika Wise Distribution.

Sr. No.	Hetu	No. of Patients	
		Present	Absent
1	Sheeta - Ushna Vytyas Sevan	35	65
2	Atibhuktwa Vyayamam	96	4

3	Atisantap Sevanam	58	42
4	Bhaya, Shram Artanam Sheeta-Ambee Sevan	14	86
5	Agat Chhardi Pratighnatam	38	62
6	Anya Vegan Pratighnatam	97	3
7	Santarpan Apatarpan Vyatyas	79	21
8	Drava Snigdh Guru bhojan	76	24
9	Ajirna-Adhyashan	97	3
10	Panchkarma Apchar	31	69
11	Navanna, Dadhi, Matsya, Atilavan, Amla Nishevinam	84	16
12	Masha, Mulak Pishtanntilaksheer Guda Ati Ashan	65	35
13	Vyavayam Ajirne	21	79
14	Diva Nidra	93	7
15	Viparna Gurun Papam Karma	23	77

Table No. 9: Gradation of Frequency of Viruddhahra Wise Distribution.

Gradation of Frequency of Viruddhahara		No. of Patients
Mild	Score 1 to 18	11
Moderate	Score 19 to 36	75
Severe	Score > 36	14

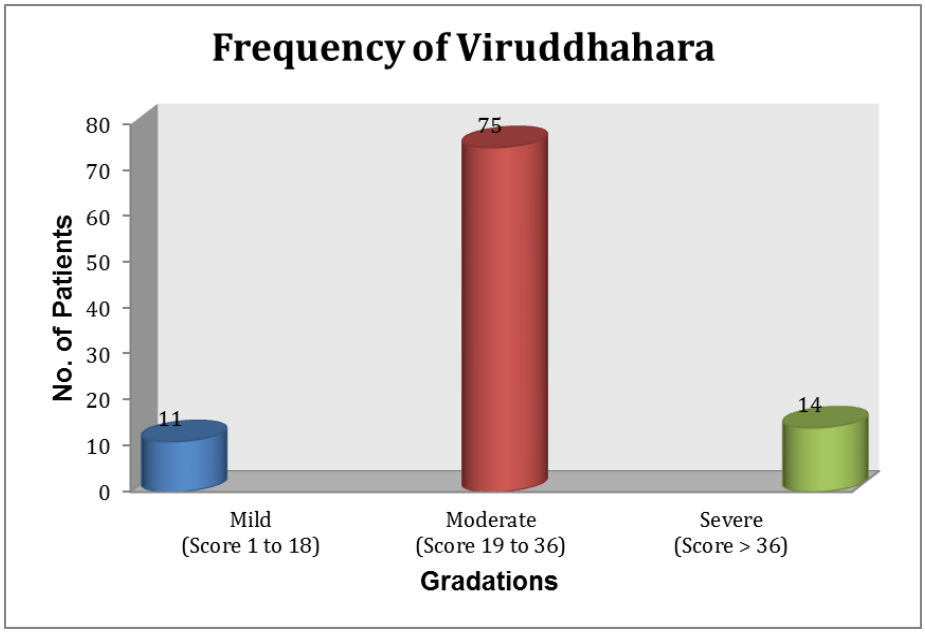
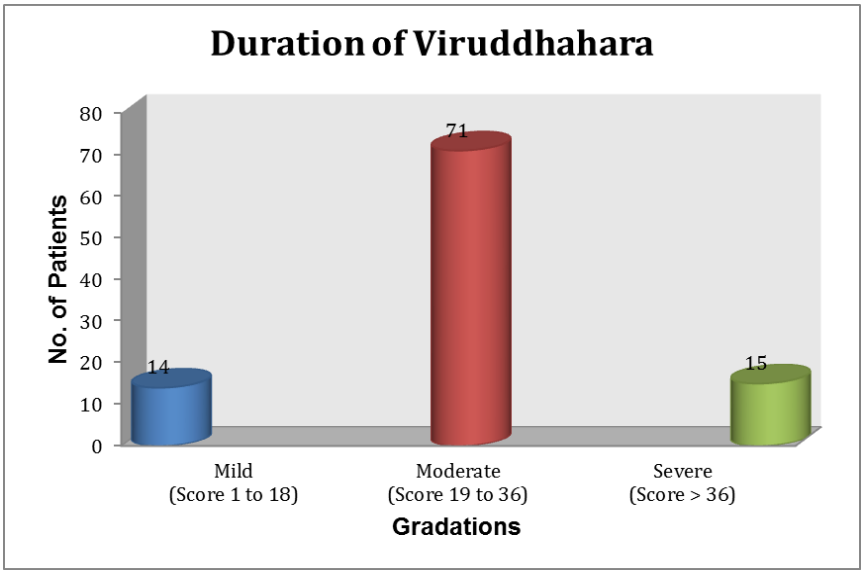


Table No. 10: Gradation of Duration of Viruddhahara Wise Distribution.

Gradation of Duration of Viruddhahara		No. of Patients
Mild	Score 1 to 18	14
Moderate	Score 19 to 36	71
Severe	Score > 36	15



STASTISTICAL ANALYSIS: As Viruddhahara is considered a hetu of vicharchika and there are a total of 18 types of viruddha having gradations of mild (1), moderate (2), severe (3), the total came to 18×3 =54. Therefore, the chi-square test of association was applied to prove whether there is an association between the frequency and duration of viruddhahara and the cases by making a bifurcation of 1 to 18, 19 to 36, 37 to 54.

CHI SQUARE TABLE

		Lakshanas of Vicharchika			Total
		Mild (1 to 8)	**Moderate (9 to 16)**	**Severe (> 16)**	
Frequency of Viruddhahara	Mild (1 to 18)	5	5	1	11
	Moderate (19 to 36)	3	50	22	75
	Severe (> 36)	0	6	8	14
Total		08	61	31	100

Chi square (x^2) value of the above table is 28.35. Degree of freedom (df) = (Column – 1) (Row- 1) =(3-1)(3-1)=(2)(2)=4 Chi square (x^2) tabulated value of df =4 is 9.49 at P<0.05 i.e. at 95% level of significance.

		Lakshanas of Vicharchika			Total
		Mild (1 to 8)	**Moderate (9 to 16)**	**Severe (> 16)**	
Duration of Viruddhahara	Mild (1 to 18)	6	5	3	14
	Moderate (19 to 36)	2	49	20	71

	Severe (> 36)	0	7	8	15
Total		08	61	31	100

Chi square (x^2) value of the above table is 30.57. Degrees of freedom (df) = (Column – 1) (Row – 1) = (3 – 1) (3 – 1) = (2) (2) =4 Chi square (x^2) tabulated value of df =4 is 9.49 at P<0.05 i.e. at 95 % level of significance.

DISSCUSION

In Ayurvedic literature, proper dietary practices are considered fundamental for the maintenance of health and the prevention of disease. Ayurveda emphasizes that food should be consumed in appropriate combinations, quantities, and timings to support optimal digestion and metabolism. When incompatible dietary combinations (*Viruddhahara*) are consumed, they may disturb the normal functioning of the digestive system and impair *Agni* (digestive fire).

As a result of impaired digestion, partially digested or improperly metabolized substances accumulate in the body, leading to the formation of *Ama*. In Ayurvedic pathology, *Ama* is regarded as a significant etiological factor in the development of many diseases.[13] The presence of *Ama* can obstruct physiological channels (*Srotas*), disturb the balance of *Doshas*, and contribute to the initiation and progression of various pathological conditions. Therefore, maintaining appropriate dietary practices and avoiding incompatible food combinations are considered essential measures for preserving health and preventing disease.

Viruddhahara (incompatible diet) adversely affects several body tissues, including Rasa, Rakta, Mamsa, and Lasika, which play an important role in maintaining the health of the skin. The continuous intake of such incompatible food combinations disturbs the normal balance of Doshas, leading to pathological changes in these tissues.[14] Consequently, prolonged consumption of Viruddhahara may contribute to the development and persistence of chronic skin disorders such as Vicharchika.

The results of the present study demonstrate that a considerable proportion of patients with Vicharchika had a history of moderate to high intake of Viruddhahara. This observation supports classical Ayurvedic principles which state that incompatible dietary practices play a significant role in the etiopathogenesis of various skin disorders.

Moreover, the increased prevalence of the disease among middle-aged individuals may be attributed to factors such as occupational stress, irregular lifestyle patterns, and unhealthy dietary habits commonly observed in this age group. The clinical manifestations observed in the present study also resemble those of eczema described in contemporary dermatological literature, indicating a possible correlation between these two conditions.[15]

Overall, these findings underscore the importance of appropriate dietary regulation and lifestyle modification in the prevention as well as management of chronic skin diseases.

CONCLUSION

The present observational study highlights the significant role of Viruddhahara in the etiopathogenesis of Vicharchika. Based on the findings of the study, the following conclusions can be drawn:

1. Vicharchika shows close clinical similarity with eczema and is described under Kshudra Kushta in Ayurvedic literature.
2. The condition appears to be more commonly observed among individuals in the middle-aged group. Habitual consumption of incompatible food combinations constitutes an important etiological factor in the development of the disease.
3. Incidence of Vicharchika is found more in pitta-kapha pradhan prakruti persons.
4. In the present study Kandu, Pidaka, Ruja, Daha, Shotha were the most common symptoms found in patients of vicharchika.
5. Out of total 18 types of Viruddhahara Desha Viruddha, Agni Viruddha, Dosha Viruddha, Koshtha Viruddha, Avastha viruddha, Krama Viruddha, Samyog Viruddha and Hrut Viruddhahara were found more.
6. From the present study it can be concluded that frequent intake of Viruddhahara for long duration is the significant Hetu for Vicharchika.
7. From the present study it can be concluded that most of the individuals were taking more than 1 type of Viruddhahara at a time.
8. The present study highlights that Vicharchika is developed amongst patients taking Viruddhahara in moderate and severe frequency.
9. From the present study it can be concluded that the Frequency and Duration of Viruddhahara and Lakshanas of Vicharchika are associated or interdependent.
10. The frequency as well as the duration of Viruddhahara intake demonstrates a positive association with the severity of clinical manifestations of Vicharchika.

11. Avoidance of incompatible dietary combinations and adherence to appropriate dietary practices may play a crucial role in the prevention and effective management of Vicharchika.

    Further research involving larger sample sizes is recommended to substantiate these findings and to investigate the specific role of various dietary factors in the pathogenesis of Vicharchika.

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